

Docket No.: 826.1777

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Shigeki WATANABE, et al.

Serial No. 10/014,367

Group Art Unit: 2633

Confirmation No. 1144

Filed: December 14, 2001

Examiner: David C. Payne

For:

OPTICAL PULSE ADDITION DEVICE

REQUEST FOR RECONSIDERATION

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed March 22, 2006, and having a period for response set to expire on June 22, 2006.

The following amendments and remarks are respectfully submitted. Reconsideration of the claims is respectfully requested.

Sfw 2633

S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL

Attorney Docket No. 826.1777 10/014,367 **Application Number** December 14, 2001 Filing Date

FEE TRANSIVITIAL			·					
			First Named Inventor		Shigeki WATANABE, et al.			
			Group Art Unit 2		2633	2633		
AMOUNT ENCLOSED 0.00			Examiner Name		David C. Pay	avid C. Payne		
	FEE	CALCULA	TION (fe	es effective 1	2/08/04)			
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Previously	Number / Paid For	Number Extra	Ra	te	e Calculations	
TOTAL CLAIMS	14	-	20 =	0	X \$ 50.	00 =	\$ 0.00	
INDEPENDENT CLAIMS	2	-	3 = 0		X \$ 200	.00 =		0.00
made for an ex enclosed (1 mo (\$1,590)); (5 m	al Action set an <u>ori</u> tension to cover th onth (\$120)); (2 mo onths (\$2,160):	ne date this ro onths (\$450))	eply is file ; (3 mont	ed for which the	e requisite fee			
If Notice of Appeal is enclosed, add (\$500.00) If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)								
					<u>)) </u>			
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)								0.00
Total of above Calculations = Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)							\$	0.00
		iall entity (37	CFR 1.9	, 1.27 & 1.28)			•	0.00
TOTAL FEES [DUE = an entry (2), entry (3) is "0".						\$	0.00
1	an 20, change entry (2) to "2	0".						
1	an entry (5), entry (6) is "0".							
(5) If entry (5) is less th	an 3, change entry (5) to "3".							
		MET	THOD OF	PAYMENT				
Check end	losed as payment.							
Charge "TOTAL FEES DUE" to the Deposit Account No. below.								
☐ No payme	nt is enclosed.							
		GENE	RAL AUTH	HORIZATION				
any overp	ve-noted "AMOUNT payment or charge a posit Account No.	ny additional f	ees neces	sary to:	ssioner is here	eby auth	norize	d to credit
Deposit Account Name STAAS & HALSEY LLP The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.								
	: STAAS & HALSE					· · ·		
Typed Name Stephen 7 Boughner Reg. No. 45,317 /								/

Date Signature

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